

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		1				
12		1				
13		1				
14		1				
15		1				
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17		1				
18		1				
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22		1				
23		1				
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25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		2				
32		2				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41		2				
42		2				
43	1					
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	1				
52	1	1				
53	1	1				
54	1	1				
55	1	1				
56	1	1				
57	1	1				
58	1	1				
59	1	1				
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94	1	1				
95	1	1				
96	1	1				
97	1	1				
98	1	1				
99	1	1				
100	1	1				
TOTAL IND.					2	
TOTAL DEP.					37	
TOTAL CLAIMS						

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APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1			
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

*	IND.	DEP.	*	IND.	DEP.	*
51						
52						
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